

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 71  
Arizona \_\_\_\_\_

### 1. PLACE OF BIRTH

County Pinal State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Ploreence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child Maria de la Merced Ramirez (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth June 21, 1933 (Month, day, year)

9. Full name Margarita Ramirez FATHER

10. Residence (usual place of abode) Ploreence Ariz (If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Ploreence (State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name Paula Artemicia Zamora MOTHER

19. Residence (usual place of abode) Ploreence Ariz (If non-resident, give place and State)

20. Color or race Mex 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Tucson (State or country) Ariz

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. M. Proskov, M. D.

or \_\_\_\_\_ Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Ploreence Ariz

Filed Nov 10, 1934 D. O. Martin Registrar.

Registrar.